

JPRS-TEP-88-005  
11 MARCH 1988



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# ***JPRS Report***

# **Epidemiology**

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# Epidemiology

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## MOZAMBIQUE

### Sweden Supports Anti-AIDS Program

54000083p Maputo NOTICIAS in Portuguese  
30 Jan 88 p 1

[Text] The non-governmental Swedish organization ARO has made available approximately 1.7 million Swedish crowns (more than \$280,000) to support the anti-AIDS campaign in Mozambique. In statements made to Radio Mozambique, Lasse Emanuelsson, substitute coordinator for ARO projects in our country, pointed out that the program aims to train Mozambicans in laboratory analysis. He pointed out that Swedish experts working in Mozambique are involved in the programs to prevent and control AIDS and other sexually transmitted diseases. He went on to say that the first part of the program, which started last September, will continue for a year and consists mainly of training and awareness about those diseases.

## SOUTH AFRICA

### Nurses Must Provide Care for AIDS Patients

54000075c Johannesburg THE CITIZEN in English  
5 Feb 88 p 2

[Text] South African nurses may not refuse to treat AIDS patients and would face disciplinary steps if they did, the executive director of the SA Nursing Association, Mrs Susan du Preez, said in Pretoria yesterday.

She said guidelines regarding the treatment of AIDS patients were recently sent to 136,000 SANA members.

Mrs Du Preez said in the unlikely event of a nurse contracting AIDS and being unable to continue her work, her pension and medical funds should compensate her. Nurses were responsible for medical aid premiums.

Mrs Du Preez said she was unaware of any medical insurers or pension fund administrators objecting to nurses treating AIDS patients.

There was no known case of a nurse refusing to treat an AIDS patient but if one did, she may be charged with dereliction of her duties at a SANA disciplinary committee hearing.

Mrs Du Preez added that it was unlikely that nurses would be infected by the AIDS virus while carrying out their duties.

A nursing sister from a provincial hospital, who did not want to be named for fear of intimidation, said that the policy statement regarding the treatment of AIDS patients, was not in the interests of South African nurses.

The escalation of Aids patients has resulted in "a rising terror among nurses who are forced to treat AIDS patients" the undisclosed source said.

"Up to now, the precautions taken by nurses against cross infection either from patient to patient or from patient to nurse has been the responsibility of the individual nurse," she said.

The guidelines as stipulated by the Department of National Health and Development and as directed by SANA, are there to protect the status of the nursing profession, rather than the nurses themselves the source said.

07310

### Nineteen AIDS Virus Carriers in Pretoria

54000076b Johannesburg THE CITIZEN in English  
3 Feb 88 p 9

[Text] Nineteen more Pretoria people have been found to be carrying the AIDS virus and there are fears the number of AIDS carriers could increase.

Prof Mike Lecatses of the virology department at the University of Pretoria's medical faculty yesterday confirmed his laboratory had tested 1,483 people for AIDS since October.

Of the 19 confirmed cases, 13 were whites and six were blacks.

The Department's laboratory conducts most of the AIDS testing for the Pretoria area.

Prof Lecatses expressed alarm at the definite acceleration and said AIDS was expected to increase.

He said one person had already died. Most were still healthy but some were already ill.

"It's a question of time, as the incubation period for AIDS is about eight years and there is an extremely good chance that these people will ultimately get the disease," he said.

"The majority of requests for AIDS testing have come from the prisons, while other requests have been received from medical doctors, hospitals, pathologists as well as concerned individuals," he said.

Prof Lecatses said he believed the public awareness campaign in South Africa would stem the spreading of the disease.

"I think the general consensus is that such campaigns are effective. Once people know the dangers they try to adapt their lifestyle."—Sapa.

07310

### **AIDS Crisis Affecting Structure of Life Insurance Industry**

54000075a Johannesburg *FINANCIAL MAIL* in English 29 Jan 88 pp 30, 31

[Text] Actuaries like their figures to be exact. One reason the life industry has been so successful over the past 100 years or so is precisely because its actuaries made the right assumption about our life expectancy—as compiled in so-called mortality tables.

Occasionally their figure-work has been put out—notably by the influenza epidemic of 1919. But now comes along another virus, many times more deadly, with little chance of a cure before the century is out.

That, of course, is the Human Immunodeficiency Virus (HIV), which causes acquired-immune deficiency syndrome, commonly known as AIDS. Life insurers have probably never faced such a serious threat to their funds than from this virus, a mere 1/10000th of a millimetre in diameter.

To November 11 1987 a total of 87 AIDS patients were reported in SA. So far 61 have died, of whom two were believed to have had life assurance. These 87 were people assessed to have "full-blown" AIDS—so-called to describe the stage of the disease during which fatal complications develop. This can follow an incubation period of up to 10 years during which a person could be tested and found HIV positive, but need not show any physical symptoms of the disease.

The World Health Organization (WHO) estimates that for every one person at the full-blown stage there are between 50-100 who are infected. For SA that means at least 4300 are already carriers, assuming all the deaths from AIDS have been recorded (and that's unlikely).

In the US, to August 1987, there were 40,845 with full-blown AIDS, many of whom have since died. Currently it is estimated that 1.25m Americans are now HIV positive, and that by 1991 the numbers of deaths will have reached 270000, according to various medical experts.

Here in SA, as in the US, the numbers reported with full-blown AIDS are doubling each year. The first reported case in SA was in 1982 (although diagnosed in retrospect); in 1983 four cases were reported; in 1985 eight. In 1987, 21 new AIDS patients were diagnosed. In the first 10 months alone 19 had died, according to Dr Reuben Sher of the South African Institute for Medical Research in Johannesburg.

Life insurers specifically fear two problems: a massive rise in mortality as a result of increasing numbers of assureds dying from AIDS; and the possibility that medical science will gradually prolong survival of AIDS victims. Initially, mortality increases will be minor. On current trends insurers probably have a few years' grace before facing any significant and costly increase in death claims.

But the second aspect is far more serious in the short term. It's anyone's guess, but prolonged survival could mean disability payments doubling within the decade and would cause severe cash-flow problems for insurers, forcing them to slash bonus rates and reduce policyholders' maturity values.

Simply put, life insurers must protect existing policyholders' funds against a potentially massive increase in payouts. And ideally, they need a collective strategy to avoid "anti-selection." Any company whose criteria for accepting risks is less stringent than competitors will tend to attract both AIDS carriers and those with a high-risk profile.

One question they are agonising over is whether or not they should discriminate against applicants with certain lifestyles. Most accept the need for testing for AIDS during medicals—but who should be selected for those tests, and for what sort of life assurance value do you make them?

Though SA has few victims at present, no insurer is treating the matter lightly. The Institute of Actuaries in the UK, for example, has estimated that almost 500,000 people will become HIV positive within seven years in the UK. By then over 160,000 would have died. This is the institute's worst scenario.

In SA the topic was discussed at great length last November at the annual conference of the Actuarial Society of SA. Registrar Theo van Wyk gave the keynote address at dinner, and the Financial Institutions Office is known to be very concerned about the potential threat to the life industry posed by rapidly rising claims.

The Life Offices' Association (LOA) has added its voice to the debate by issuing a second report on the matter. Here it was agreed that certain questions be extended specifically to refer to AIDS. A sub-committee was asked to draw up an inter-office agreement on routine AIDS tests at an agreed level of sums assured. The suggested figure being talked about is R200,000, or R2,000 per month permanent health insurance benefit.

Meanwhile, anxious to protect their funds, some companies have already taken action.

Explains Brian Benfield, MD of AA Life (AAL): "We were the first life office to start carrying out an automatic Elisa test for applications for life cover over R300,000. That was in July 1987." About 15% of the company's applications are for sums assured over this figure. Subsequently other offices have followed this practice.

The test is relatively cheap (about R30, maybe less), "reasonably accurate," and taken at the life insurer's expense. Those proving HIV positive the first time are

tested a second and then a third time if necessary. If they are still positive, the applicant is advised to have a final confirmation at his own expense—a more costly test called the "Western blow."

Mindful of the sensitivity of the subject, AAL has phrased its application form questions carefully: "have you during the past five years had any X-rays, ECGs, other examinations, including tests for AIDS, operations or been hospitalised, taken any course of sedatives, tranquillisers, or drugs for medical or other reasons, or consulted any doctors or specialists, including any regular check-ups?"

A catch-all question at the end of the application refers to: "Disease or disorder of the kidneys, bladders or reproductive organs, for example, protein in the urine, kidney stones, prostatitis, cystitis or venereal diseases, including AIDS..."

Henry Worthington, senior GM Finance and chief actuary of Lifegro, comments: "We take the problem of AIDS very seriously and are in the process of adapting our application forms and underwriting rules. We already require testing for HIV positive on large sums assured over R500,000 and on other doubtful cases at the underwriter's discretion."

David Goelst, assistant GM (admin) of Federated Life, says: "AIDS is now acknowledged to be a pandemic. There's no doubt we need to react quickly to protect both existing policyholders and future potential clients. There could be a very large potential threat to our industry out there. We have added a wording to our application forms which for now gives us enough protection."

Goelst adds that Federated has already asked for further details from "a number of suspicious applicants, usually following a medical report, and none of them came back to us."

Meanwhile, Federated is sensibly considering establishing a special reserve fund to cater for possible increases in death claims and disability payments.

Dick Geary-Cooke, executive director of the LOA, keen to pre-empt accusations that a cartel is in the offing, points out that "any agreement to call for tests at a certain level of sum assured only ensures that members obtain information on possible impairments. It does not state what underwriting decisions should be taken on the application. Besides, this should be viewed as protecting existing policyholders from those people who know they have AIDS but are trying to obtain cover."

Sher has been consulted by a number of assurers, and has said to them: "I don't think it's fair that life assurers should discriminate against people who, for example, are gays; nor on the other hand is it fair for those who know they are infected to take out Rm of life cover."

If they operated this way, chances are they would end up underwriting the married bisexual, but refusing cover to the non-promiscuous homosexual.

Indeed, from various reports it is becoming apparent from US statistics that it is no longer a problem of the homosexual community. One life assurer reports that of those applicants for high life covers tested for the virus, 14 were found to be HIV positive. Of those only two were homosexual, one was a woman, and the remaining 11 were married men with children.

So, says Sher, "one should not judge a person on sexual preference. Instead, assurers should test everybody who wants life assurance over a certain value. Their actuaries must work out the risk factor and set a limit."

He adds that AIDS is not a serious problem in SA at the moment. "Tuberculosis is still a greater disease. The potential, however, is very serious. AIDS is a global problem. Already 142 countries have reported cases of AIDS. And in SA, so far some 2,500 people tested have proved HIV positive."

It's fast becoming everybody's business.

07310

**ANC, SWAPO Said To Have AIDS Problem**  
54000075b Johannesburg THE CITIZEN in English  
5 Feb 88 p 4

[Article by Tony Stirling

[Text] The killer disease AIDS has become a problem among members of both the African National Congress (ANC) and the South West Africa People's Organization (SWAPO).

It is understood that a special inter-departmental committee established in Pretoria is busy with an evaluation of the evidence relating to AIDS in the two terrorist organizations and the implications of the problem.

It has been confirmed that the ANC president, Oliver Tambo, last year called a special meeting of all ANC members in Lusaka over the danger of ANC members contracting the disease.

Tambo was reported to have said that AIDS was a worldwide problem and that it presented a danger to members of the ANC. Subsequent to this meeting, all members of the ANC in Lusaka, where the organization has its headquarters, were tested for the disease.

Zambia is considered a particularly bad risk area for contracting the disease. Although the Zambian Government has been largely silent over the incidence of AIDS in the country, journalist Al Venter ranked it as the second worst



affected country in Africa in his recent documentary on the subject, and it has been reported that one of President Kenneth Kaunda's sons died of the disease.

Although the outcome of the AIDS tests conducted on the ANC's members in Lusaka is not known, at least six members of the organization were reported to have died of the disease at Lusaka's University Hospital.

Two other members of the ANC visiting Scandinavia were found to be AIDS positive when tested and were reported to have died subsequently.

Questioning of recently captured terrorists indicates that AIDS has also become a problem in the ANC's six camps in central and northern Angola, where most of the terrorists entering South Africa are trained.

South African intelligence confirms a number of unexplained deaths in these camps which from the description of the symptoms indicate that those who died were probably suffering from AIDS.

Because of the fact that these camps are situated in remote areas and have little in the way of medical facilities, these cases are regarded as unconfirmed in the absence of post mortem or other medical evidence.

However, captured terrorists have confirmed that AIDS has become a problem among the 9,000 SWAPO terrorists in Angola and that the organization has taken cognisance of the problem by establishing a special camp to which the AIDS sufferers in the organization are being sent.

The first information that AIDS had become a problem in the ANC reached South Africa about seven months ago when a confirmed report came in that an ANC member in Lusaka had died from the disease.

07310

**Life Insurance Applicants Must Undergo AIDS Test**  
54000072b Johannesburg THE SUNDAY STAR in English 31 Jan 88 p 7

[Article by Jaap Boekkooi]

[Text] Every South African applying for even a modest life-assurance policy will shortly have to undergo AIDS tests to qualify.

And AIDS carriers who take out smaller policies with different companies to avoid AIDS testing will have their multiple policies declared null and void.

This is the recommendation of the AIDS committee of the Life Offices Association of South Africa, which governs the industry nationwide.

"The new policy, aimed at excluding AIDS carriers, is not finalised yet, but we expect compulsory AIDS testing for policies of R200,000 and over," said Mr Jurie Wessels, spokesman for the association.

The committee, said Mr Wessels, had had talks with the Department of Health and the Medical Association to reach consensus.

Between 8,000 and 20,000 South Africans of all races are suspected of carrying the lethal HIV virus.

Mr Wessels confirmed that South African life companies had not used exclusionary clauses dealing with AIDS in life policies so far. Such clauses would exclude pay-outs after AIDS deaths.

But life houses now often ask questions about AIDS and AIDS testing in assurance application forms and then exclude applicants who answer in the affirmative. Such questions, as Liberty Life's joint managing director Mr Dorian Wharton-Hoorl has said, do not constitute an exclusionary clause.

Mr Wessels said he doubted whether any life insurer would provide cover for AIDS carriers after mid-1988, even with loaded premiums.

/06662

#### **Poll Reveals Whites', Blacks' Concerns Over AIDS**

54000072a Johannesburg THE CITIZEN in English 27 Jan 88 p 12

[Text] Most South Africans are aware of the threat of AIDS (Acquired Immunity Deficiency Syndrome), and there is a widespread fear that it will become an epidemic among some groups.

These are the findings of a recent poll carried out by the Markinor Research Group among 1,000 Whites and 1,300 Blacks living in metropolitan areas throughout the country.

The results indicate that 33 percent of Whites are "very" or "a little" concerned they may get AIDS, compared to 60 percent of Blacks who share the same fear.

In the case of Whites, 40 percent aged 16-24 are concerned about getting the disease; the proportion drops to 25 percent in the 50-and-over group.

Among Blacks the greatest fear is shown by those in the 25-34 age group (64 percent) dropping to 44 percent in the 50-and-over group.

Publicity of the link between AIDS and homosexuality is also having an effect. About 96 percent of Whites believe it likely that AIDS will eventually reach epidemic proportions among homosexuals.

Next at risk are people who have several sexual partners—90 percent of Whites believe an AIDS epidemic may take root among this group. Then follow drug users (85 percent), and married people who have an occasional affairs (53 percent).

Just over 62 percent of Whites believe an epidemic may hit men, while only 35 percent feel that women are at risk.

Couples "who are entirely faithful" are seen as being the safest of all—only four percent of Whites believe this group is likely to be struck by an AIDS epidemic.

Among Blacks the threat of an epidemic is believed to be greatest for people who have several sexual partners (92 percent), followed by homosexuals (75 percent), and drug users (66 percent).

The poll was conducted as part of an international project on AIDS carried out in more than 20 countries.

It is the most comprehensive study of people's attitudes to AIDS yet conducted in Southern Africa or worldwide, and the first to include Blacks.

/06662

#### **More Whites Than Blacks Use Condoms Against AIDS**

54000072c Johannesburg *BUSINESS DAY* in English  
26 Jan 88 p 4

[Article by Dianna Games]

[Text] Condoms are whites' favoured method of preventing AIDS infection, while they are least favoured among blacks, a survey has found.

Despite widespread publicity about AIDS, only 4 per cent of whites and 33 per cent of blacks have changed or are thinking of changing their behavior.

Both groups favour taking more care in their choice of sexual partner with 3 per cent of whites and 27 per cent of blacks claiming to have done or to be planning to do this.

Blacks rated taking a blood test for AIDS as a second step to reduce their chances of getting it while both groups rated avoidance of homosexuals third.

These are the results of a poll conducted by Markinor among 1,000 whites and 1,300 blacks in metropolitan areas as part of Gallup International's project on AIDS in more than 20 countries.

It found almost two-thirds of whites polled were not very concerned about getting AIDS compared with 40 per cent of blacks.

About 40 per cent of whites aged between 16 and 24 were concerned while among blacks the greatest fear was shown by those in the 25 to 34 age group (674 per cent).

/06662

#### **Natal AIDS Line Installed**

54000072d Johannesburg *THE CITIZEN* in English  
2 Feb 88 p 13

[Text] Durban—An AIDS line has been installed in Durban to enable people in Natal to obtain information on the disease.

People can make anonymous inquiries about AIDS by telephoning 305-6077 in Durban and asking for the "AIDS Inquiry Service."

The service is available on weekdays during office hours.—SAPA

/06662

### **TANZANIA**

#### **Church Commits \$3.5m To Combat AIDS**

54000049a Nairobi *THE WEEKLY REVIEW* in English  
22 Jan 88 p 50

[Text] The Evangelical Lutheran Church of Tanzania (ELCT) recently initiated a five-year programme against the Acquired Immune Deficiency Syndrome (AIDS) disease at the cost of US \$3.5 million. According to the ELCT's medical board secretary, Mr. Joachim Macha, the programme is one of the most ambitious by non-governmental organisations in Africa. In its first year of implementation (1987-88), the programme will spend about \$1.4 million, Macha said.

Recently, the chairman of the Tanzania AIDS task force, Dr. John Shao of the Muhimbili Medical Centre (MMC), said: "Churches in Tanzania have a key role to play in combating AIDS. They have to be even more involved," He added: "They can do a lot, assisting hospitals and dispensaries with screening equipment and badly needed disposable material. I also hope they can do more for the AIDS patients through worship services, holy communion, counselling and comforting. The patients have to be prepared for the unavoidable death," Shao said.

According to the ELCT's medical board secretary, "Screening equipment for the 14 ELCT main hospitals is already on its way to Tanzania, and we are very grateful to our overseas partners for the assistance. But we also desperately need money to cover our information and education campaign," he added. The screening equipment will cost more than \$1 million, Macha said.

The Kilimanjaro Christian Medical Centre (KCMC), a referral hospital on the slopes of Africa's highest mountain, is an important base for information and education,



Macha pointed out. He said through a project carried out in 1987 by the Lutheran World Federation Department of World Service Community Development Service (LWF/WS-CDS), KCMC is now fully equipped and able to screen all donated blood, diagnoses and do research work. Drs. William Howlett and Watoky Nkya of the KCMC presented one of the major AIDS studies carried out in Tanzania at a recent conference in Italy. Macha said. According to Howlett, Nkya tested blood samples from about 1,500 persons in and around Moshi in Kilimanjaro region. "We found that 58 per cent of the prostitutes were HIV positive and 11 and five per cent of the barmaids and barmen respectively," he said. "It still looks like an urban disease as we found only one carrier among 700 tested in the countryside. But this may change very quickly," he pointed out.

The ELCT, responsible for 10 per cent of all health care in Tanzania through its 17 hospitals and 115 dispensaries, is stepping up its education and information campaigns against the dreadful AIDS disease. According to the KCMC medical superintendent, Dr. J.A. Tesha, "Health education with the aim of changing people's sexual habits is our most important weapon in the war against AIDS." The number of confirmed AIDS cases in Tanzania, which has a population of 21 million, was 1,456 in September 1987, most of them in north west Kagera region and in Dar es Salaam. Three hospitals—the Muhimbili Medical Centre in Dar es Salaam, the Lutheran KCMC and the Catholic Bugando in the north west Mwanza region—have equipment for both screening and diagnosing AIDS. The government is expected this year to launch its own national five-year AIDS programme with an assistance of \$4.5 million from the World Health Organisation (WHO).

Meanwhile efforts to create a vaccine against AIDS have run into difficulties and the killer disease will remain a global threat for many years. French AIDS specialist Professor Luc Montagnier said on Tuesday this week. Montagnier, one of two scientists credited with identifying AIDS, told a World Health Organisation (WHO) meeting that test vaccinations of Chimpanzees had failed to protect the animals against infection, REUTERS reported. "The problem of a vaccine is a very tricky one indeed.... The problem has not been solved," he said. "I do not know whether I can say today that we will be able to develop a vaccine or not. But research is continuing in a very intensive manner," Montagnier told a regular session of the WHO's 31-member executive board. Montagnier, chief virologist at the Pasteur Institute in Paris, added: "The problem of AIDS will remain for many years to come."

Dr. Jonathan Mann, head of the WHO programme to combat AIDS, said difficulties encountered in vaccine tests on animals had raised the question of whether it was appropriate to start trials on human patients with a vaccine that had been shown to have failed to protect animals against infection. Mann told the meeting more than 75,000 cases of the disease had been reported in 130

countries. But he added that the WHO estimated the true total of cases to be double that figure and expected the toll to reach 300,000 in 1988.

/06662

#### Health Minister Cites Malaria Statistics

54000049b Dar es Salaam TANZANIA DAILY NEWS  
in English 23 Jan 88 p 3

[Text] Some 1,786,873 people were admitted in hospitals in eleven regions in 1985 suffering acute malaria. Of these, 4,954 died, the National Assembly was told here yesterday.

The Minister for Health and Social Welfare, Dr. Aaron Chiduo, answering a question in the House, said that the number compared with 648,639 people admitted in 14 regions in 1986, of whom 386 died.

Answering Ndugu Jumna Sulciman Nhunga (Mwera) the Minister said the Government had taken measures to ensure that drugs were available all the time and to consolidate research on better ways of fighting the disease.

The MP had wanted to know the number of people admitted in hospitals in the two years because of malaria, those who died and measures taken by the Government to fight the disease.

Dr. Chiduo told the House that the Ministry had prepared a national policy on the control of malaria, which contained a national programme to be implemented by various organs.

At the same time, he said, a pilot project to control malaria through improved care of the environment to fight mosquitoes had been introduced. This was under implementation at Kamakoo and Chumbagem in Dar es Salaam and Ilanga, respectively.

He said an analysis of the pilot project conducted last year showed that success of this approach depended on the cooperation of the people.

He said the pilot project would be expanded to cover the whole of Dar es Salaam and Ilanga towns and that preparations were also underway to study the fight against malaria in villages. The study would be made in Hanang District, he added.

/06662

### **Cholera Kills 53**

54000049c Nairobi DAILY NATION in English  
19 Jan 88 p 2

[Article by Omar Al-Amoodi: "53 Killed by Cholera in Three Tanzanian Regions"]

[Text] DAR, Monday—Fifty three people have died of cholera in three Tanzanian regions this month, a senior health official has announced.

Dr Saidi Chizenga, in-charge of communicable diseases in the Ministry of Health and Social Welfare, said in his weekly radio programme here last night that the latest cholera deaths had been reported in Tanga (bordering Kenya), Rukwa (bordering Zambia) and Iringa.

An earlier report from Lake Tanganyika's Kigoma Region claimed that 90 people had died of cholera there between last month and this month after the killer disease had resurfaced following a one-year lull.

According to Dr Chizenga, the resurfacing of cholera in the regions was due to poor hygienic conditions and non-observance of health requirements, including the usage of toilets and drinking boiled water.

A total of 384 people had contracted the disease in three Tanzanian regions, 53 of whom died, he said.

Cholera broke out in Tanzania for the first time in 1975 and had since spread all over the country, although the disease had been successfully contained in some regions.

It is estimated that over 5,000 people had died of the disease in the past 12 years.

/06662

## **UGANDA**

### **Bilharzia Rampant in West Nile Region**

54000051 Kampala THE NEW VISION in English  
22 Jan 88 p 12

[Text] Intestinal bilharzia infection has become rampant in West Nile region with the highest incidences occurring in Pakwach and the Lake Albert areas.

The disease causes the victims' stomachs to be extended after the internal organs have swollen as a result of parasite infection. The parasites—schistomansoni—are introduced into the water systems by a specie of a snail, the "biomphalaria."

The urinal bilharzia on the other hand cause the victims to pass out blood. The parasite—schistomahaematobium—affects the urinal organs causing damage.

According to field officers at the Vector Control Division of the Ministry of Health, intestinal bilharzia has reached epidemic proportions in Pakwach and Lake Albert areas. The most affected group, say the officers, are fishermen.

The entomologists told THE NEW VISION that urinal bilharzia is on the increase along rivers Tochi and Aswa in Acholi areas. They said it was serious in Lira and Apac Districts as well.

Control measures against the bilharzia carrying snails were last carried out in Minakulu, Apac in the early 1970s. Surveys were carried out in West Nile but no control measures were taken.

Another vector-borne disease said to be on the increase by the entomologists is "lalar-azar" (leishmaniasis) in Karamoja. Controls against the disease was last done early in the '70s.

Lalar-azar is caused by a sand fly—phlebotomus—which breeds in holes of anthills in the Karamoja region. The parasites introduced into the human body by the fly bite attacks liver and spleen, causing them to enlarge. The victims, like in the case of intestinal bilharzia, tend to have distended stomachs.

The deterioration of the Vector Control Station in Kampala is in part responsible for the increase in vector-borne diseases countrywide. The station which was established in the early '40s is today in shambles, with over 60 trained scientists redundant since 1979.

/06662

## **ZIMBABWE**

### **Family Counseling Service for AIDS Opened in Mutare**

54000076c Johannesburg THE STAR in English  
29 Jan 88 p 4

[Text] Harare—A Zimbabwean city has started a family counselling trust for AIDS, believed to be the first in Africa.

An office has been opened in Mutare, where it is estimated 5,000 people could be carriers of the virus.

The Family AIDS Counselling Trust (Fact) medical adviser, Dr Geoffrey Foster, said many of these people would need help over the next few years.

It was decided to establish the counselling service at a meeting of representatives from 12 churches.

Committees have been set up to provide counselling in people's homes, to visit schools and to provide a telephone service.

Volunteers are to be trained to handle inquiries.

JPRS-TEP-88-005  
11 March 1988

8

## AFRICA (SUB-SAHARA)

In time, said Dr Foster, counselling would come from people who were themselves AIDS sufferers.

Zimbabwe is believed to have had about 100 deaths through AIDS.

A senior official in the Ministry of Health, Dr Godfrey Sitipa, estimated that 250,000 people in Zimbabwe were carrying the virus.

07310

# **AIDS Battle To Be Taken to Streets by Vancouver Nurses**

342000/4 *Transmitted THE GLOBE AND MAIL in English 8 Feb 88 p A1*

[Article by Alexandra Radkewycz "Nurses To Fight AIDS in Vancouver Streets"]

[Text] Carrying backpacks, bottles of bleach, pamphlets and syringes, a team of nurses in Vancouver will take to the streets this week in a campaign to fight the spread of AIDS.

"We won't be able to save everyone on the streets, but we're sure that we can save some of them," Calleen Farrow, one of the four nurses making up the team, said in a telephone interview.

"People fear street people, but we're not afraid of them. We want to approach them as helpers and give them the facts right then and there—in alleys, bars, street corners or (drug) shooting galleries. These people will have more information on AIDS than your average Joe."

The project is believed to be the first in Canada to use nurses as street workers in the battle against acquired immune deficiency syndrome. It will educate people engaging in high-risk activities on how the virus is spread and promote safer sexual practices. Drug users will be shown how to clean their needles with bleach, referred them to drug-abuse clinics and offered blood tests on the spot.

Dr. Michael Rekart, director of sexually transmitted disease control for the B.C. Government, called the project "simple, effective, cheap and safe."

He said that after talking to street people about the project, he was convinced that "it's acceptable to them. They'll listen and they'll start using the condoms, cleaning their needles and not sharing them."

The \$260,000 project, sponsored by the B.C. Ministry of Health, will begin by Friday and will soon add a fifth nurse to work with natives, Dr. Rekart said.

The four nurses will have two offices in the downtown area, each of which will also have an examination room, Dr. Rekart said. He stressed, however, that the nurses will do much of their work by walking up to people in the streets and talking about AIDS.

Each nurse will carry a backpack with a first aid kit, a device to draw blood for tests, bottles of bleach, condoms, a beeper and a bus pass, Dr. Rekart said. The nurses' work will also include counselling and finding out what health services people on the street are using and need.

John Blatherwick, medical health officer of the City of Vancouver, said that although there are not a lot of drug users who have AIDS in Canada, preventive measures should be started before an AIDS epidemic flares out of control as it has among drug users in New York City.

In New York, about 200,000 city residents inject themselves with illegal drugs. More than half may carry the AIDS virus.

In Canada, as of Feb. 1, there have been nine reported cases of injection drug users contracting AIDS out of a total of 1,497 AIDS cases.

099599

**State Council Regulation on Control of AIDS**

54048811a Beijing RENMIN RIBAO [OVERSEAS EDITION] in Chinese 15 Jan 88 p 4

[Article] "Regulations on Monitoring and Control of AIDS"

[Text] Regulations on Monitoring and Control of Aids

(Approved by the State Council on 26 Dec 1987)

Issued on 14 January 1988 by the Ministry of Public Health, the Ministry of Foreign Affairs, the Ministry of Public Security, the State Education Commission, the State Tourism Bureau, the Civil Aviation General Administration, and the State Foreign Experts Bureau.

Article 1. This regulation has been drafted in order to guard against the entry from abroad of the outbreak and spread within the country of AIDS to insure the people's health.

Article 2. The subjects designated by this regulation for monitoring and control of AIDS are as follows:

- (1) AIDS patients.
- (2) Those infected with the AIDS virus.
- (3) Those suspected of having AIDS and those in close contact with the personnel designated in (1) and (2) above.
- (4) Blood, blood products, virus strains, biological tissue, animals and other articles that have been contaminated by the AIDS virus or that may serve to transmit AIDS.

Article 3. AIDS monitoring and control work in areas subordinate to public health administration units at all levels.

Public security, foreign affairs, customs, tourism, education, aviation, railroad, and transportation units concerned as well as businesses, entrepreneurial units and mass organizations are to cooperate with public health administration units in taking action to prevent the spread of AIDS.

Article 4. Upon entry into China, all persons must fill out a factual health declaration and present it to health and epidemic prevention authorities at the border for examination.

Article 5. When requesting a visa to enter China, foreigners coming to China for the purpose of establishing residence or to remain for 1 year or more (or those coming to China to stay for 1 academic year or more) must present a certificate of serological examination for AIDS from a public hospital in their home country or from a government certified private hospital in their

home country that has been authenticated by a Chinese embassy or consulate abroad and certified as valid for six months from the date of issuance.

Foreigners who have not undergone serological examination for AIDS in their home country because of time limitations, must present themselves within 20 days at a designated health organization to undergo examination.

Article 6. Foreigners in categories (1) and (2) of Article 2 of this regulation may not enter China.

Foreigners designated inadmissible to China by this regulation who have already reached a Chinese port are to depart the country as quickly as possible on the transportation conveyance that brought them or on a transportation conveyance of their home country. When necessary, China's civil aviation, railroad, or transportation departments will arrange for their departure. Prior to their departure, border health and epidemic prevention organizations are to take action to segregate them.

Article 7. If during the course of their sojourn in China foreigners are found to fall within the purview of categories (1) and (2) of Article 2 of this regulation, local health administration agencies may request that the Ministry of Public Security have them leave China at once.

Article 8. Citizens of China who have established residence abroad or citizens of China who have lived abroad for 1 year or more (including Chinese seamen who have worked on foreign ships), and those who have returned to reside or remain in China for a year or more must appear at a designated health organization for examination within 2 months following their return.

Article 9. All units and individuals are strictly prohibited from importing from abroad or carrying into China any articles designated under category (4) of Article 2 of this regulation. Should importation be genuinely necessary, a report is to be made to the Ministry of Public Health requesting investigation and approval.

Article 10. Strains of the AIDS virus are to be kept and used by units so designated by the Ministry of Public Health. No unit or individual may exchange, transmit, or use them without approval from the Ministry of Public Health.

Article 11. Blood and blood products must undergo testing for AIDS virus antibodies.

Those infected with the AIDS virus are prohibited from donating human tissue, organs, blood or semen.

Article 12. Health administration agencies of all provinces, autonomous regions, and municipalities under direct central government jurisdiction are to organize the launching of AIDS monitoring. Monitoring is to consist primarily of the following:



(1) Collection, collation and analysis of data about the disease.

(2) Serological examination of key groups of people.

(3) Survey and analysis of epidemiological factors.

Article 13. When carrying out serological examinations for AIDS, disposable syringes are to be used. All other therapeutic devices are to be rigorously disinfected to halt iatrogenic infections.

Article 14. AIDS is a nationally designated infectious disease which must be reported.

Article 15. Should civil government, public security, or judicial units discover in the course of their duties persons who may be transmitters of AIDS, they should immediately send them to a health unit for AIDS examination.

Article 16. Medical treatment units are to give close attention to the diagnosis of patients. Should they discover a patient suspected of having AIDS, they should immediately diagnose, report, and handle the case.

Article 17. When personnel engaged in prevention, treatment and health protection work definitely diagnose a patient or an infected person as having AIDS or as suspected of having AIDS, they should immediately make a report to the local health and epidemic prevention organization. After receiving the report, the health and epidemic prevention organization is to report the situation within 24 hours to health administration authorities at a higher level.

When others discover a patient suspected of having AIDS, they should report at once to the nearest prevention, treatment and health protection organization.

No unit or individual should conceal or delay reporting such information.

Article 18. In receiving personnel sent out to investigate by health administration departments, units and individual concerned are duty bound to provide the circumstances and data having to do with the occurrence, spread, and transmission of AIDS, and to insure the veracity and completeness of the circumstances reported.

Article 19. Health administration units are to verify at once information reported about the disease. Materials reported must be accompanied by a certificate of verification of diagnosis prepared by a designated health organization.

Article 20. The national situation regarding AIDS is to be published by the Ministry of Public Health.

Article 21. No unit or individual is to discriminate against AIDS patients, those infected with the AIDS virus, or members of their family. They are not to publish or disseminate the names or addresses of AIDS patients or those infected with AIDS.

Article 22. All units and individuals must carry out all preventive measures adopted by health departments for prevention and control of the spread of AIDS.

Article 23. When health, medical treatment, or health protection organizations discover personnel within the category (1) of Article 2 of this regulation, they should immediately act to segregate them, and send them for treatment at a medical treatment unit designated by a health administration unit.

Article 24. When health, medical treatment, or health protection organizations discover personnel within the category (1) and category (2) of Article 2 of this regulation, they should take some or all of the following actions as prevention warrants:

(1) Hold for examination.

(2) Limit movement.

(3) Medical observation.

(4) Regular or irregular visits for observation.

Article 25. Corpses of AIDS patients or of those infected with the AIDS virus are to be cremated locally.

Article 26. All secretions and wastes from AIDS patients or those infected with AIDS, as well as items touched by them or their living area that may have been contaminated are to be disinfected by designated units or individuals under supervision of health and epidemic prevention organizations. When necessary, the health and epidemic prevention organization should conduct the disinfection.

Article 27. Public security and other units concerned are to render assistance to health, medical treatment and health protection organizations in carrying out Article 23 and Article 24 of this regulation.

Article 28. Units or individuals that violate this regulation in any one of the following listed ways, are to be fined 50 yuan or more and no more than 3,000 yuan by health administration units, and forced to take the preventive, treatment, and disinfection measures required.

(1) Concealment of information about the disease and failing to report it to higher authorities, and evading examination;

(2) Knowing one is an AIDS victim or a carrier, yet acting in ways that spread AIDS.

(3) Failure to report that one is carrying into China articles covered by category (4) of Article 2 of this regulation.

(4) Refusal to carry out the provisions of Article 23, Article 24, Article 25 and Article 26 of this regulation for preventing and controlling the spread of AIDS.

Article 29. Those who violate this regulation and cause the spread of AIDS, or those who cause serious danger of spreading AIDS, are to be investigated and bear criminal responsibility according to law.

Article 30. Definitions of language used in this regulation.

(1) By "AIDS" is meant acquired immune deficiency syndrome.

(2) By "AIDS patient" is meant those who test positive for AIDS virus antibodies, or those who clinically show conditional infection or malignant tumors.

(3) By "those infected with the AIDS virus" is meant those who test positive for AIDS virus antibodies but who are without symptoms and cannot yet be diagnosed as having AIDS.

(4) By "foreigners" is meant those not holding Chinese citizenship as prescribed by the "Citizenship Law of the People's Republic of China."

Article 31. When conducting prevention, treatment, or examination, fees set by regulations are to be collected.

Article 32. Medical units are responsible for explaining this regulation.

Article 33. This regulation takes effect automatically from the date of promulgation.

9432

### **Qinghai Issues Warning on Shanghai Hepatitis Epidemic**

54004802a Yining QINGHAI PROVINCIAL SERVICE  
in Chinese 10 Feb 88

[Text] The general office of the Qinghai Provincial government issued an urgent circular on 10 February demanding that the government at all levels and all units

step up public health and anti-epidemic inspections on transport, to prevent polluted blood clams [mao han] from being brought into the province.

The urgent circular said: A large-scale epidemic of hepatitis-A broke out in Shanghai Municipality in early January. This has spread to a serious degree. According to investigations, this epidemic has been caused by certain of the masses eating polluted blood clams, which cause hepatitis-A. The momentum of the first peak of the epidemic has not eased, but the epidemic as a whole has not yet been brought under control, and a second peak may occur between the spring festival and April.

Shanghai has many contacts with Qinghai in transport, commerce, and other fields. In particular, with the approach of the spring festival, there is much traveling to and fro, the flow of foodstuffs from outside increases, and many people present gifts of food to relatives and friends.

To prevent the epidemic from spreading into Qinghai, the provincial public health department will take overall responsibility, and the departments of public security, industry, and commerce, communications, railways, and civil aviation will work in coordination with this department in vigorously stepping up public health and anti-epidemic inspections in railway, highway, and civil aviation facilities and trading centers, in addition to doing a good job in supervising food and drink hygiene. Strict inspections must be carried out if anyone is discovered to be carrying blood clams or other polluted foods. Such food must be destroyed on the spot, to prevent it from spreading into and being used in society.

The food and drink service departments and the canteens of offices, units, and schools must also step up precautionary measures to guard against an epidemic outbreak. Public health law enforcement personnel must not do favors for people when carrying out inspections, nor may they be refused inspection by units of personnel. The public security departments will deal with people who adversely affect anti-epidemic work by refusing inspection. In doing so the public security departments will act according to the public security control regulations. This is to ensure the health of the masses, the smooth progress of industry, agriculture, and animal husbandry, and a spring festival of stability and unity.

4696/12913

## HONG KONG

### Latest Developments in Local Efforts on AIDS Front

#### Blood-Test Gap

54400069 Hong Kong HONGKONG STANDARD in English 1 Feb 88 p 3

[Excerpts] Blood tests specially designed for a second strain of AIDS virus which may not be detected by current methods is not yet available in Hongkong.

But Government AIDS experts Dr E.K. Yeoh did not think the public had anything to worry about as he felt the existing blood test was still sufficient.

Dr Yeoh, of the Medical and Health Department, was speaking to the press after the first local AIDS symposium yesterday, at which the virus, HIV-2, was discussed by two world authorities.

Another expert, Dr Jay Levy said to a certain extent the blood test for HIV-1 could already help because in most cases HIV-2 was found in people already infected with the first strain.

Tracing the patient's history and sexual behaviour, such as whether he or she had been to West Africa, could also facilitate the detection of HIV-2, he said.

Sharing these views, Dr Yeoh said the testing agent for HIV-2 was not yet commercially available.

It was very difficult for Hongkong to get hold of this testing agent because it was developed only in small quantities in the laboratories of some Western countries, he said.

Besides, both the numbers of AIDS cases and HIV-1 carriers found in Hongkong were still small compared with other countries.

Prevention of HIV-1 was also relevant to HIV-2 which spreads through sexual contact and blood transfusions, Dr Yeoh added.

#### AZT Bar

54400069 Hong Kong SOUTH CHINA MORNING POST in English 3 Feb 88 p 3

[Article by Mary Ann Benitez]

[Excerpts] Hongkong health authorities had no plans to use the drug AZT on AIDS carriers showing no symptoms of the disease, Government AIDS specialist Dr E.K. Yeoh said yesterday.

Dr Yeoh said two carriers had already requested to be treated with the drug but were turned down because its effectiveness on non-symptomatic carriers had not been proven.

His remarks came after a visiting American specialist disclosed that 900 virus carriers in the US were now being tried for AZT treatment in the hope that it might contain the disease.

Dr Yeoh said only one Hongkong AIDS patient, who had developed the full-blown symptoms of the disease, had been given AZT. The other nine victims who had died of AIDS were too ill to have the drug at the time their condition was diagnosed.

Dr Yeoh said AZT was administered only after a patient recovered from an infection related to AIDS.

There was no evidence to indicate so far that AZT could help healthy carriers, he said. Hongkong has 97 known carriers but Dr Yeoh estimated that by 1994, 30 of these would be suffering from full-blown AIDS.

Treatment for AZT alone would require a budget of \$1.8 million a year for these 30 patients, barring any change in the present cost of the drug.

Dr Yeoh believed Hongkong's medical infrastructure would be able to cope with the increase in AIDS patients.

#### Statistical Update

54400069 Hong Kong SOUTH CHINA MORNING POST in English 27 Jan 88 p 3

[Text] Another person has died of AIDS in Hongkong, taking to nine the death toll from the disease.

A spokesman for the Medical and Health Department said the latest victim was a non-Chinese man who died last week.

He had been a new arrival to Hongkong.

The man had acquired the fatal acquired immune deficiency syndrome through sexual contact. AIDS deprives the body of its natural power to fight infections and illnesses.

Only one other person in Hongkong confirmed to have contracted the full-blown form of AIDS is still alive.

A non-Chinese, he is undergoing treatment with the revolutionary AZT (azidothymidine) drug, which has been found to prolong the lives of AIDS victims. He is Hongkong's first AIDS patient to be treated with the drug.

Dr Patrick Li, head of the AIDS counselling service, said the effects of AZT was not immediately obvious and the patient was expected to suffer from its side-effects.

"So we continue monitoring his condition," he said.

The department's latest AIDS surveillance report showed no new carriers of the feared disease for December. A total of 97 AIDS virus carriers have been registered in the territory.

Just over 2,900 people in Hongkong were tested by the virus unit of the department last month, compared with 3,335 in November.

Up to the end of December a total of 76,976 people had been tested.

During the same period, the Hongkong Red Cross Blood Transfusion Service screened 349,287 units of donated blood, of which five showed a positive result.

News of the latest death came on the first day of a London world summit of health ministers looking at the problem of AIDS. Hongkong Secretary for Health and Welfare Mr John Chambers is taking part.

The summit will discuss ways to improve the control of AIDS and education of the deadly disease.

07310

#### **Hepatitis-A, -B Cases Showing 'Alarming' Increase**

##### **January Figures**

54400068 Hong Kong HONGKONG STANDARD in English 3 Feb 88 p 1

[Article by Shirley Yam]

[Excerpts] Mystery surrounds an alarming three-fold increase in hepatitis A cases.

A total of 386 hepatitis cases were recorded last month, more than three times the 107 cases in December.

The January total includes 103 type A cases, up from 46 in December, and 12 type B cases. The rest of the suspected cases are yet to be identified.

Local medical experts are baffled by the upsurge, especially as it came during the cool season instead of the usual peak period between April and June.

But they dismissed speculation that the increase was related to the outbreak of hepatitis A cases in Shanghai last month where 6,000 people were infected.

The last hepatitis outbreak in Hongkong occurred in 1975 when 43 of a total of 1,761 patients died. Its cause was not established.

A deputy director of the Medical and Health Department, Dr Le Shiu-hung, said Government doctors were investigating the cause of the outbreak, but was not optimistic that the source of the infection would be traced.

Dr Lee said similar investigations during previous outbreaks had proven unsuccessful.

"Hepatitis A is transmitted through contaminated food and drink, especially through polluted seafood like oysters and clams," he said.

"However, it is difficult to go back to the food history of individual patients unless the contamination is from one common source."

In fact, the new cases occurred sporadically over a number of areas in Hongkong, making it more difficult to identify the source of infection, Dr Lee said.

There was probably no link between the local and the Shanghai outbreaks because none of the patients investigated had recently gone overseas.

"These cases occurred largely among local people," he said.

Most of the infected are aged between 20 and 30 and two-thirds are men. Several teenagers were also infected.

More than 100 hepatitis patients were hospitalised. The rest are now being treated by private practitioners.

##### **Rising Toll**

54400068 Hong Kong SOUTH CHINA MORNING POST in English 5 Feb 88 p 1

[Article by Marlowe Hood, Seth Faison]

[Excerpt] Hundreds of Beijing students from southwestern Xinjiang autonomous region have been prohibited from returning home for the Lunar New Year holidays because of an epidemic of hepatitis.

"People are dying every day," said one student at the Minorities Institute in Beijing, whose student body is largely composed of minorities from around China.

Unlike the hepatitis A that has reached epidemic proportions in Shanghai, the strain that has hit Xinjiang is reported to be an especially virulent one and is classified by the term "Non-A, Non-B".

The extent of the epidemic is unknown because no official statement has been issued apart from the warning to students to remain in Beijing for the holidays.

People struck down by the Xinjiang strain are understood to have typical symptoms of yellowing skin, dilating pupils and fatigue but are affected in as little as 24 hours, rather than the two or more weeks in normal cases.

A spokesman for the Hongkong Medical and Health Department said last night the disease was a form of hepatitis of which not very much was known.

She said there had been small numbers of such cases in the territory but could not give detailed information.

More than a million Hongkong people usually cross the border into China to spend the Lunar New Year with relatives.

It is unlikely they will seek vaccination, but everyone in Hongkong has been warned to cook food well as hepatitis A is mostly contracted through foodstuffs.

#### **Concern Over PRC Outbreak**

54400068 Hong Kong SOUTH CHINA MORNING  
POST in English 5 Feb 88 p 1

[Article by Mary Ann Benitez]

[Excerpts] Health authorities yesterday confirmed four more cases of viral hepatitis cases in Hongkong, taking the total number identified to 483.

But there is still no indication of any common source of infection.

The hepatitis toll of 483 in the first five weeks of the year is already a third of the total number recorded last year.

Yesterday, 51 new patients suffering from viral hepatitis were admitted, a spokesman for the Medical and Health Department announced.

A total of 123 people had also been diagnosed to be suffering from Hepatitis A, a strain of the virus which is usually caught by consumption of contaminated food. This was up from Wednesday's figure of 119 cases.

But the spokesman said authorities were still unable to trace any common source of the outbreak nor any connection to a Hepatitis A epidemic in Shanghai which had so far affected an estimated 6,000 people.

Another case of Hepatitis B, the more virulent form of the disease which can also cause liver cancer, has also been diagnosed, bringing to 13 the number affected.

The Medical and Health Department is continuing tests on suspected cases to determine which hepatitis virus had been contracted.

Ninety-three confirmed victims were still in hospital yesterday.

[The HONGKONG STANDARD of 4 February 1988, page 3, added the following:]

The senior officer (foods) of the Municipal Services Branch, Mr Wong Yin-long, said the increase was "alarming" and all authorities concerned had been alerted.

"The department will step up stricter measures of food inspection. MSB staff members have been notified to be strict and cautiously thorough in their inspection operations," he said.

"We'll introduce health education to the public, in particular an education programme for food stall owners about safe cooking."

The Municipal Services Branch and the Medical and Health Department would survey the recent victims to check if the infections related to a particular food, he added, and that would help decide further action.

The hygiene adviser of the Municipal Services Branch, Dr Ronald Perry, said he had told the Urban Services and Regional Services departments to be aware of the risk of a major outbreak.

"The two departments with their districts staffs will reinforce food inspection work. Special attention will be paid to food considered to be more hazardous," said Dr Perry.

Dr Perry said imported foods would be more tightly monitored—but there were too few inspectors to check every consignment.

"Many of the food poisoning cases are in fact caused by domestic sources. If people want to fight the threat of infection they must turn attention to their domestic food hygiene first," Dr Perry warned.

The Urban Services Department had not yet devised a comprehensive working plan for food testing because it was only notified on Tuesday, spokesman Mr Peter Mak said.

But he said the department would tighten inspections and crack down on unlicensed food stalls.

The department charged 597 illegal cooked-food hawkers in January, 13 percent more than December, and Mr Mak said this showed the department's resolve to get rid of illegal food stalls.



## INDONESIA

### Dengue Death Toll in Central Java

54000436a Jakarta *MERDEKA* in English  
14 Jan 88 p 6

[Excerpt] According to Dr. Nardho Gunawan, head of the Central Java office of the Public Health Department, 4,364 cases of dengue fever were recorded for Central Java in 1987 with 147 deaths. The 1986 death toll was 123.

/06662

### Gastroenteritis in Aceh

54000436b Jakarta *SUARA KARYA* in English  
29 Jan 88 p 1

[Excerpt] Since last December about 25 people have died and more than 100 people hospitalized as a result of a gastroenteritis outbreak in Muara Dua subdistrict, North Aceh.

/06662

## VIETNAM

### Pest Infestation of Rice Reported Nationwide

BK30853 Hanoi Domestic Service in Vietnamese  
0500 GMT 3 Mar 88

[Summary] In recent days, as a result of protracted bad weather and sporadic severe cold spells, crops have grown slowly in the northern provinces.

According to a communique of the Vegetation Protection Department, "rice blast is likely to develop on a large scale and affect almost all vulnerable rice strains." So far, in almost all provinces, the average rate of increase of rice blast has stood at 1-5 percent, and at times, 15 percent in some localities.

"In Nghe Tinh and Binh Tri Thien, rice blast is seriously affecting 50-70 percent of ricefields of water and the NV-1 rice varieties. Young stem-borers have also damaged some ricefields in Hanoi and Haiphong. Small leaf-rollers destroyed more than 300 hectares of early rice in Binh Tri Thien. In some areas, the density of small leaf-rollers stood at as many as 15-17 per square meter. Long-bodied ground beetles are spreading in many villages and on the edges of forests and sometimes have reached a density of several thousand per square meter. During the last cold spell, as many as two metric tons of ground beetles were netted at Yen Thanh, Do Luong, Nam Dan, and Diem Chau Districts of Nghe Tinh Province."

"The winter-spring rice transplanting has been completed in the southern provinces. Rice has been growing well but rice blast is affecting ricefields of the CN-2, MPL, Nong Nghiep 6A, and CU-89 rice varieties. Thousands of square meters of ricefields in Nghia Binh and Quang Nam-Danang have been affected by blight."

"Rice blast is also affecting many ricefields in the Mekong River Delta. In Dong Thap alone, as many as 1,017 hectares of ricefields have been affected. Chlorosis has damaged 12,000 hectares of winter-spring ricefields in the Mekong River Delta. Long-bodied ground beetles are ravaging many ricefields in Tien Giang Province. Star-shaped worms, leaf rollers, stem borers, and rats are spreading and ravaging many ricefields. Many winter-spring ricefields in the Trung Bo provinces and a number of provinces in the Mekong River Delta have been seriously damaged by rats."

Rice blast will continue to seriously affect early rice and main spring rice in the northern provinces. The southern provinces will be facing the same problem. Therefore, "it is necessary for the northern provinces to accelerate efforts to prevent the spread of ground beetles and to keep an eye on the development of stem borers, brown bugs, and leaf rollers. It is important for the southern provinces to step up the fight against rice blast, ground beetles, rats, leaf rollers, and stem borers."

## BARBADOS

### Cotton Crop Under Assault From Leaf-Worm

54400070 Bridgetown DAILY NATION in English  
28 Jan 88 p 1

[Excerpts] Barbados' cotton crop for 1987/88 has been hit by two of its most feared enemies—rain and leaf-worm.

A random survey of plantations yesterday revealed that many have been affected and indications are that about 500 acres will be lost.

Trevor Rudder of Barbados Sugar Industries Limited (BSIL) confirmed yesterday that the crop was in trouble.

"Heavy rains in November and December meant that many estates were unable to keep pests under control and we have had complaints of leaf-worm attacks," he said.

Rudder was also quick to point out that the leaf-worm, another type of insect, should not be confused with the pink boll-worm. "Up to now we have not had a problem with the boll-worm," the agriculturalist said.

07310

## BRAZIL

### Government's Problems in AIDS Control, Prevention Surveyed

#### Underreporting, Blood Bank Problems

54002009a Rio de Janeiro O GLOBO in Portuguese  
10 Jan 88 p 12

[Text] Brasilia—According to the Health Ministry, AIDS cases in the country are underreported by about 40 percent, but this is not the only problem faced in the work of combating the disease: The government also lacks information on the number of private blood banks and is in a state of continuing indecision about its own official action.

Minister Borges da Silveira, who has been in the post for 2 months, admits there are shortcomings in the health sector and avers that, particularly in the interior, the situation can only be corrected at medium and long range—and even then, only with the effective participation of the public, primarily with regard to the operation of blood banks, which—in the minister's words—is "really terrible," since only 30 percent of the blood is of good quality.

During a meeting scheduled for this week with the coordinators of the AIDS division, Silveira hopes to define the AIDS funds and programs for 1988 and to expand the team which coordinates AIDS-related matters. In his opinion, the team should be strengthened and needs new suggestions.

According to one of his advisors, Borges da Silveira was so surprised at how slowly everything in the ministry moved that, at first, he even thought there was a personal boycott against him. For months, the Health Ministry has been asking the Finance Ministry to exempt AIDS detection kits from import duties. "Excessive bureaucracy is the only explanation for the delay in lifting this tax, which represents a large percentage of the cost of the kits. The government will have to come up with funds to pay the taxes to itself," Borges da Silveira declares.

Last year, 652.8 million cruzados were spent on the AIDS program, 470.7 million of which were released by INAMPS [National Institute of Social Security Medical Assistance]—400 million cruzados of this went for medical assistance to AIDS patients—and 176.3 million cruzados were allocated by the Health Ministry for education programs and blood testing. For this year, the World Bank has already promised \$1 million (about 74.5 million cruzados) to Brazil for AIDS education programs, with emphasis on the enlightenment of adolescents and prostitutes.

Unlike his predecessors, Silveira wants to revise the ministry's official positions on AIDS, particularly in areas that could influence standards of behavior. According to one of his advisors, the minister has disagreed with some statements by Lair Guerra de Macedo, coordinator of the AIDS program in the ministry. Last week, Borges da Silveira was annoyed with Lair Macedo for recommending sexual abstinence during Carnival as a way of reducing the risk of contracting the disease.

The most recent example of the vacillation which has typified the government's action in the last 12 months was the suspension last week—by Borges da Silveira himself—of the program to distribute condoms to the needy population. Lair Guerra de Macedo announced the program last October, when Roberto Santos was still minister of health. Borges da Silveira said this was not a priority program, arguing that the number of AIDS cases in the needy population is insignificant.

Also in October, Gilberto Amado, then director of the medicines division, signed a directive permitting the sale of AZT (a drug which prolongs the life of AIDS victims) in pharmacies. Lair Guerra opposed this measure and, in December, Borges da Silveira cancelled the directive, calling for further study of the matter. AZT may now be sold only at specialized centers.

In February 1987, the Health Ministry was almost ready to launch its education campaign on radio and television when, under pressure from the CNBB [National Conference of Brazilian Bishops], the messages to be aired were altered because the Church objected to references to condoms (for which "protection" was substituted) and anal sex (withdrawn from the campaign).

At the beginning of 1987, then Minister Roberto Santos and individuals involved with the AIDS program lamented the reduction in funding for the AIDS prevention education campaign from 112 million cruzados to little more than 10 million cruzados. However, Jose Alberto Hermogenes, who was then secretary general of the ministry, declared that 10 million cruzados was more than adequate because the campaign was absolutely unnecessary.

#### Unreliable Statistics

In most states, the program for AIDS control and prevention is bogged down with two priority issues: strict supervision of the blood banks and creation of effective AIDS reporting mechanisms, to eliminate the variations in the data and to provide an accurate picture of the behavior of the disease. The statistics vary from agency to agency. For example, according to the funerary service of Sao Paulo, 501 people died of AIDS last year, whereas the AIDS control program records 264 deaths in the same period.

"The problem is that the physicians refuse to report AIDS cases. We want to develop an education campaign among doctors. Although the law provides for punitive measures, we don't think this is the moment," explains Paulo Ayrosa Galvao, the program coordinator in Sao Paulo.

The Sao Paulo Secretariat of Health is having problems in this regard. It sent out 40,000 airgrams printed with compulsory notification forms to blood banks and hospitals; only 40 were filled out and returned. The failure of the measure has led Sao Paulo's medical authorities to report omissions to the Regional Council of Medicine from now on.

Although the available statistics are outdated, the trend toward the growth of the disease is undisguisable. In Sao Paulo, 1,398 AIDS cases were registered from July 1982 to December 1987, with 625 deaths. Of the total, 79 were females, 30 were hemophiliacs, 47 contracted the disease through blood transfusions and 30 were under 15 years old. Children under 4 years of age were affected most. In 1987 alone, 463 new cases were reported, 94 of them in December—in other words, 3 new cases per day.

"In Sao Paulo, it is estimated that 150,000 people are infected and could develop AIDS," reported Ayrosa Galvao.

The medical authorities plan to hit AIDS hard in the next 4 months. 600 million cruzados, made available by the BNDES, will be used to purchase tests and laboratory equipment and to build 25 serology units, which will function as centers for the administration of anti-AIDS examinations.

The unreliability of AIDS data is not peculiar to Sao Paulo. In Belo Horizonte, an AIDS victim died Wednesday in the IPSEMG [Minas Gerais State Social Security Institute] hospital, but nobody in the Health Secretariat knew anything about it. If the Health Secretariat figures reflect reality, 57 AIDS patients died between 1983 and 1987 and 89 people contracted the disease. The fact that Minas Gerais has only 10 beds for AIDS patients is an indication of its unpreparedness.

The measures adopted up to now are thanks only to the aggressive type of Governor Newton Cardoso; in December, he approved a law which penalizes blood banks and hemotherapy services with fines of up to 596,000 cruzados or closing, if they fail to conduct tests to detect AIDS, Chagas disease and hepatitis.

In Rio Grande do Sul, there are no preventive campaigns. Antonio Varios Gerbase, coordinator of the Inter-Institutional Commission for Disease Control, blames the Health Ministry officials. "The federal campaign was terrible and futile."

Of the 115 individuals infected last year in Rio Grande do Sul, 83 have died. Gerbase vouches for the accuracy of these figures; he avows that the number of unreported cases in the state is small. According to Gerbase, all those who are infected eventually go to the Secretariat of State to be tested.

Rio Grande do Sul has not yet succeeded in monitoring all its blood banks. Today, Gerbase guarantees, 70 percent of these establishments are licensed, but the other 30 percent could be passing on many milliliters of contaminated blood.

Generally, the biggest concern of the Brazilian medical authorities is the lack of control over the inspection of blood. In Pernambuco, Ana Brito, coordinator of epidemiology in the Secretariat of Health, harps on the same theme: "Our figures do not reflect reality," she admits. In 1987, there were 79 reported cases of AIDS in Pernambuco, but Ana suspects that the real figure is 30 percent higher.

Of the 79 reported cases, 47 have already died; 67 were infected through sexual contact, 6 contracted the disease through blood transfusions and no cause has yet been ascertained for the remaining 6 cases. However, Recife has a model blood center, the Center for Hemotherapy and Hematology (HEMOPE). It has a quality rating of 95 percent. Carlos Alberto da Sa Costa, chief of HEMOPE's blood donor unit, assures that all the donors are subjected to a battery of tests before their blood is accepted.

Bahia is also experiencing the problem of not knowing how far the disease has spread in the state. The statistics show only 48 cases and 25 deaths. However, Eliana de Paula, northeastern coordinator of the Program for Control of Sexually Transmitted Diseases, estimates that at least 30 percent of the cases go unreported, because of the ignorance of the patients or the failure of the physicians to report them. One measure taken by Governor Waldir Pires has eased the minds of hemophiliacs in Bahia: he directed that all the blood destined for hospitals in Salvador's public health system undergo serological testing.

The status of AIDS control in the states indicates that, away from such major centers as Rio and Sao Paulo, preventive measures are very slow in coming. For example, the private hospitals of Fortaleza are not required to report AIDS carriers. Also in Fortaleza, the Health Secretariat statistics only serve as parameters of the development of the disease.

Admar Fujita, president of the Fujita Blood Bank, the largest in Ceara, believes that several of the 110 hemophiliacs registered in the state are AIDS carriers, although they do not present symptoms.

In some states in the Northeast, the precarious situation with regard to AIDS is evident. The only hospital in Maceio which accepts carriers is the Constanca Goes Monteiro Hospital, but it does not even have any treatment for the disease. Until last month, AIDS diagnostic exams were not administered in Maceio. Now the Alagoas Hematology Center has received sophisticated kits of the "west blot" [as published] type, through an agreement with the FRG Government.

AIDS gives rise to prejudices and fears which impede the work of combating the disease. Antonio Araujo, director of the Gisela Trigueira Hospital in Natal, the only hospital equipped to receive AIDS patients in Natal, has asked in vain for doctors and nurses from the Federal University of Rio Grande do Norte.

The state currently has 12 hemophiliac children who are AIDS carriers.

There are states without a single bed for AIDS patients. AIDS carriers in Paraiba are transferred to the Gisela Trigueira Hospital in Natal. Only now, the Health Secretariat is making 10 beds at the Clementino Fraga Hospital available to receive patients with AIDS. Also in Paraiba, there is no blood center to guarantee control of the quality of blood used in transfusions. In a few months, AIDS carriers in Sao Luis will have access to a hospital specializing in infectious-contagious diseases with 10 beds for AIDS patients. Only eight cases of AIDS have been reported in Maranhao.

#### [Box, p 12] Danger Flowing in Veins

For every hemophiliac infected with the AIDS virus during a blood transfusion, there are five other people who have been infected by the same blood sample. The statement comes from Vitalina Dias da Silva, president of the Center for Hemophiliacs of Sao Paulo State and vice president of the Brazilian Hemophilia Federation.

According to da Silva, of each half-liter of blood collected, only 2 percent—the cryoprecipitate from which coagulant factors 8 and 9 are prepared—is destined for hemophiliacs. The rest is broken down into platelets, plasma and red corpuscles and goes to other individuals. For example, human albumin, gamma globulin and the cryoprecipitate itself are extracted from the plasma alone. "The blood problem is very serious, although the government does not attach much importance to it. If there are so many infected hemophiliacs, imagine how many other people have been infected in the same way," Vitalina exclaimed.

Although the number of AIDS-infected hemophiliacs is not known for certain, she said that a study conducted last year among about 300 hemophiliacs treated at the Brigadeiro Hospital (one of the major centers for this type of treatment in Sao Paulo) revealed that 53 percent of them had contracted the virus.

According to Vitalina, of all the blood handled in Brazil, only a third of the samples—those collected by the 20 state-licensed blood centers established in the country and by the large blood banks in the major capitals—are submitted to AIDS detection tests. The rest is not subjected to any control.

"There are many problems, and the most urgent problem is the lack of adequate government supervision, which I feel is a crime. In Sao Paulo, where the situation is much better, only the capital is fairly safe. In the interior, the blood banks do not have the kits to conduct these tests or the equipment needed to take a 'reading' of the antibody."

Vitalina added that the fact that 14 percent of all reported AIDS cases resulted from transfusions indicates "gross negligence." In the United States, she declared, the rate does not exceed 3 percent; in the United States and in some countries in Europe, strict control of blood donations has virtually eliminated AIDS infection by transfusion.

#### AIDS Incidence in Brazil

54002009a Rio de Janeiro O GLOBO in Portuguese  
9 Jan 88 p 6

[Text] Brasilia—Brazil may well be second on the list of countries with the greatest incidence of AIDS, exceeded only by the United States. The figures presented by Uganda and France—which were in second and third place—were not much higher than those officially



recorded by Brazil, and if we take into account that the Health Ministry has acknowledged underreporting by as much as 40 percent, Brazil may already have surpassed these countries.

Pedro Chequer, acting director of the Division of Sexually Transmitted Diseases and AIDS (DST), declared, however, that he had not yet received statistics for the last 3 months on the AIDS incidence in Uganda and France.

Yesterday, 4 days after the underreporting of AIDS cases throughout the country was revealed, the Health Ministry released the official figures for the disease in the last year: 1,068 new cases, and admitted an underreporting of almost 40 percent. In other words, the ministry itself acknowledges that the number of new cases could actually have been about 1,400.

Chequer said that from 1982 (when the first case appeared) until last December, 2,458 cases were reported—76.8 of them in the last year alone. However, the estimate for this period is 4,000 cases. The major incidence continues to be registered in the Southeast (1,968 cases), followed by the Northeast (214), South (171), Midwest (89) and North (16 cases).

Sao Paulo State leads the list with 1,398 cases (56.9 percent of the national total), followed by Rio de Janeiro, with 469 cases (19.1 percent) and Rio Grande do Sul, with 115 cases (4.7 percent).

Pedro Chequer reported that 400,000 people may be infected with the AIDS virus, 140,000 of whom are in Sao Paulo and 50,000 in Rio. These people may or may not develop the disease, but they are potential transmitters. Between 1982 and 1987, the mortality rate was 53.6 percent; 1,319 of the 2,458 officially registered AIDS patients died. According to the Health Ministry, in Sao Paulo 48 of every million people may be infected with the virus. In Rio, the ratio is 37.22 per million.

According to Chequer, of the 2,458 cases registered in the last 5 years, 1,878 contracted the disease through sexual relations and, of this total, 47 percent are homosexuals. Of the 379 people who contracted AIDS through contaminated blood, 159 (6.4 percent) were intravenous drug users, 124 were infected by transfusions of blood and blood components (5 percent), and 98 (4 percent) were hemophiliacs. There were 19 cases of neonatal AIDS.

In its annual report on AIDS, released yesterday in Geneva, Switzerland, the World Health Organization states that the total AIDS cases reported throughout the world last year represented an increase of 56 percent in relation to the January 1987 figures. The total cases reported from 1979 to 30 December 1987 was 73,670, as against 47,201 at the beginning of 1987.

The first 14 cases of AIDS recorded in 1979 were detected in the United States, which holds the record for AIDS contamination—48,139 cases, or 65.3 percent of the world total. Of the total cases recorded from 1979 to 1987, Brazil is in fourth place, with 2,325 cases. Uganda is in third place, with 2,369 cases and France is second, with 2,523 cases.

In addition to the United States, France, Uganda and Brazil, the following countries have reported more than 100 cases since 1979: Tanzania (1,608), FRG (1,588), Canada (1,423), Great Britain (1,170), Italy (1,104), Kenya (964), Haiti (912), Mexico (713), Ruanda (705), Australia (681), Spain (624), Burundi (569), Zambia (536), Zimbabwe (380), Holland (370), the Dominican Republic (352), Zaire (335), Switzerland (299), Belgium (280), Central African Republic (254), Congo (250), Ivory Coast (250), Trinidad and Tobago (206), Denmark (202), Bahamas (163), Sweden (156), Colombia (153), Ghana (145), Argentina (120), Austria (120) and Venezuela (101).

6362/9604

#### **Intensive Polio Vaccination Drive Launched in Northeast**

54002009b Rio de Janeiro O GLOBO in Portuguese—21 Jan 88 p 7

[Text] Brasilia—The Health Ministry will conduct an intensive drive against polio in the Northeast, even mobilizing the Army, the Military Police and the SUCAM [Superintendency of Public Health Campaigns] for the vaccination campaign on 6 February in Rio Grande do Norte and in Paraiba, where the disease has already reached epidemic proportions and the situation is considered extremely serious.

Making this announcement yesterday, Ivanildo Franzoci, coordinator of the ministry's National Immunization Program, said that everyone who will take part in the vaccination program will start training next Monday.

"We have decided that every single child under 5 years of age in the two states must be vaccinated on 6 February. At 1600 hours on that day, we will evaluate the results and if we feel that the number of children immunized is too small, we will begin a house-to-house vaccination. With the help of the Military Police, the Army, SUCAM and the service clubs, as well as the DNER [National Highway Department] and the health secretariats, we will set up roadblocks, if necessary, to ensure that we reach every child under 5 years of age," said Ivanildo Franzoci.

Milton Menezes, national coordinator of polio eradication, reported that, throughout the country, 282 cases were reported last year, 189 of which, or 67 percent, were in the Northeast. Of the 282 cases, 50 percent occurred in Ceara (44 cases), Rio Grande do Norte (40), Paraiba



(26) and Bahia (29). Rio de Janeiro, with a population of 1.5 million children under the age of 5, registered 5 cases and Sao Paulo registered 11 cases among 3.9 million children.

"The acceptable rate, at which polio is considered under control, is 0.1 case per 100,000 inhabitants. Therefore, Brazil should have only 140 cases, or less than half the cases registered last year alone," he said.

According to Menezes, Rio Grande do Norte has the largest incidence of the disease, followed by Paraiba. More serious, he said, is that the government suspects that underreporting is high; in other words, the actual number of cases could be even larger.

"At the national level, the norm is that, at most, 50 percent of the reported suspected cases will be confirmed to be polio. In Paraiba, however, 84 percent of the reported cases were confirmed, which is an indication that not all the cases were reported."

To reach the 20 million children under 5 years of age throughout the country, this year the Health Ministry will conduct three national polio vaccination campaigns: on 21 May, 13 August and 12 November. A polio epidemic in Sergipe and Alagoas in 1986 was brought under control with four vaccination campaigns last year. To alert the country to the importance of vaccination, the ministry will give priority to publicizing immunization programs.

#### Campaign Reduced Incidence

Natal—Health Secretary Pedro Ferreira de Melo said yesterday that, compared to the national picture, the incidence of polio in Rio Grande do Norte is worrisome, although it has been brought down with the national vaccination and public information campaigns.

Pedro Melo reported that 58 cases of polio were confirmed in 1986; the figure was reduced to 38 last year, as a result of the vaccination campaigns. The rates registered in Rio Grande do Norte were similar to those in Ceara, he added.

"The Health Ministry is concerned and will launch an immunization campaign on 6 February in the Northeast, because of Carnival. During the Carnival period, the possibility of transmission is greater because of the wide dispersal of the virus," the physician said.

According to the health secretary, the goal of this February campaign is to inoculate 335,000 children under 5 years of age throughout Rio Grande do Norte.

In Sao Paulo, Dr Alexandre Vranjac, director of the Epidemiological Vigilance Center of the State Secretariat of Health, said the polio incidence in the state is within levels considered normal.

According to Vranjac, in 1980, when the National Vaccination Campaign was launched, Sao Paulo reported 101 cases, among the 1,300 nationwide—almost one-half the number of cases reported the year before. In 1981, the number of cases declined to seven, dropping to two the following year and to one in 1983. Again in 1984, there was only one case. In 1985, however, the number rose to five cases and eight cases were recorded in 1986.

Vranjac said that, now, although there has been an increase in the reporting of suspected cases, this is not yet cause for alarm.

"The increase is owing to an active consideration of the presence of polio in all neurological cases. The secretariat does not stop at reported cases; it considers any case of paralysis to be suspect, until it is proven to be of some other origin."

The Epidemiological Vigilance Center has not yet received an appeal for assistance from Paraiba or Rio Grande do Norte, although the cooperation system is provided for in the Health Ministry program.

#### Bahia Contests Minister's Statement

Salvador—The concern voiced by Health Minister Borges da Silveira regarding the control of polio in Bahia came as a surprise to health authorities in the state. Health Secretary Luiz Umberto Pinheiro assured that, contrary to what the minister reported, the number of cases had declined from 74 (in 1986) to 26 (in 1987).

Jairmilson Paim, assistant secretary of health, assured that, in the three phases of the vaccination campaign last year, Bahia achieved better rates of coverage than the ministry had expected.

"Moreover, we have improved our epidemiological vigilance considerably, intensifying the search for cases," he added.

Above all, the assistant secretary was surprised that Borges da Silveira had connected Carnival with a probable polio outbreak in Bahia.

"The internal migration that occurs during Carnival primarily involves adults, but polio attacks children, predominantly children under 2 years of age," Paim said, explaining that the disease is not transmitted in crowds, but orally and by fecal matter.

#### [Box, p 7] Transmission by Feces

The polio virus can be transmitted by feces or orally, in epidemic areas. The symptoms are the same as those of severe flu: usually fever, muscle pain and vomiting. Milton Menezes, national coordinator of polio eradication, explained that one of the principal symptoms of polio is sudden paralysis of any muscle in the body.

"The disease is irreversible and, according to the statistics, runs its course in only 6 percent of the cases without causing permanent damage," he added.

The Health Ministry plans to conduct continuing vaccination campaigns in the next 2 years, to eradicate the disease by 1990. With any increase in cases, the campaign will be aggressively intensified, on an emergency basis.

Noting that the disease had already been eradicated in Europe, the United States and Canada, Menezes said that the only way to prevent polio is to see that children under 5 years of age (the age bracket which the disease attacks) receive at least three doses of the vaccine.

"In the official campaigns, all children should be vaccinated because there are no contraindications and there is also no problem if the child has a fever, flu or any other childhood disease," he explained.

6362/9604

#### **Malaria in Rondonia**

540020096- Rio de Janeiro O GLOBO in Portuguese  
24 Jan 88 p 13

[Text] Belo Horizonte—After some success with controlling it, malaria is again causing concern for the Rondonia authorities. In the last 3 months of 1987, Ariqueles Municipio was reporting an average of two deaths a week, along with countless cases of infection. Fatal cases were also occurring in neighboring cities. The information came yesterday from Vice Governor Orestes Muniz, who added that it is becoming much more difficult to combat the disease because of the large migratory influx. According to Muniz, the government is stepping up its medical examinations, but this work is hampered because the migrants who arrive (190,000 last year alone) move quickly into the jungle to open new frontiers and they contract malaria.

6362/9604

### **DOMINICA**

#### **AIDS Proves Fatal to Four of Five Afflicted**

54400066 Port-of-Spain DAILY EXPRESS in English  
28 Jan 88 p 19

[Text] Roseau, Wednesday. (CANAL)—Four of five victims of the deadly Acquired Immune Deficiency Syndrome (AIDS) disease have died in Dominica, the authorities reported today.

They also estimated there were six carriers of the disease, including five homosexuals.

Meanwhile, Dominica's Health Minister, Ronan David, is now in London attending a three-day world conference of health ministers convened to discuss AIDS.

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### **GRENADA**

#### **Incidence of AIDS Shows Need for Education Program**

54400067 St George's THE GRENADIAN VOICE in English  
9 Jan 88 p 4, 8

[Article by Ray Roberts]

[Excerpts] The St. George's General Hospital has recorded 15 cases of AIDS, and more than half a dozen have died so far. The World Health Organisation and other institutions have categorized the disease as the most deadly health epidemic of the 20th century, projecting that in five years more than a million people will have contracted the disease.

Despite this bleak prediction, no constant flow of expert information other than bits and tips on the media, reaches the community on a regular basis.

Civil groups and student leaders owe it to themselves and the people they lead to embark on a program of mass dissemination of information and education in conjunction with health officials. Concrete education efforts must be directly to the sexually active teenage population.

Although AIDS victims have come from various parts of the country, the biggest threat probably comes from Grenadians and others who work on the cruise ships that visit St. George's on a regular basis. Some of the cruise ships come from American ports—Miami and New York where AIDS cases are higher than anywhere else in the region. New York and Miami are only second to San Francisco in North America. Already one of Grenada's alleged AIDS deaths was a young man who had worked on boats for several years.

Clearly, there could be other case. This issue emphasises the need for programs that will educate lay people, giving accurate and precise information on the threat of AIDS.

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## BANGLADESH

### Post-Flood Illnesses Suspected To Be Cirrhosis

54500096 Dhaka THE BANGLADESH OBSERVER in English 11 Jan 88 p 7

[Excerpts] Pabna, Jan. 10:—A large number of people are learnt to have been attacked with a rare disease called "Sirosis of liver" during the post flood period in various parts of Pabna District including Ishurdi, Chatemohar and Bhangoora Upazilas. In Ishurdi Upazila alone, three persons have already died of this disease and over one hundred more are learnt to have been attacked with the disease.

The disease contains several uncommon symptoms and the physicians are also not sure of the correctness of the

diagnosis and the treatment they were imparting. Moreover, the worst trouble arose out of the fact that those attacked with the rare disease belonged to extreme poorer sections of the people having no means to arrange modern treatments in the equipped hospitals lying in Dhaka.

The local doctors, however, feel worst type of under-nourishment, adulterated food, unhealthy surroundings, etc are responsible for the attack and spread of this disease commonly unknown to the people and the doctors alike.

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## FEDERAL REPUBLIC OF GERMANY

### Volunteer Agency Brings AIDS Care to Rural Areas

54002440 Munich SLEDDISCHE ZEITUNG in German 16 Dec 87 p 16

[Commentary by Brigitte Fleischer. "Anonymity is the Supreme Principle"]

[Text] In-home care and psychosocial support for AIDS victims and persons testing positive for HIV will soon be available in Upper Bavaria. The Bezirk Society for Workers Welfare has set up a "mobile AIDS nursing and care service," which will start work on 1 January 1988. With five trained attendants and a staff of chosen honorary staff members, the goal is to spread a "network of psychosocial support" over the rural kreises in southern Bavaria. The center of this network will be the headquarters in Polling in kreis Weilheim-Schongau, where all operations will be coordinated. A social counsellor will also be available by calling telephone number 0881/2989, who will give information and advice—anonymously if requested, of course.

Establishing this mobile AIDS care service was made possible through the model program of the Ministry of Health, which provides subsidies to increase the number of mobile helpers for those afflicted with AIDS within the framework of social stations. About 50 social stations in the FRG are scheduled to receive up to five additional specialists. However, this applies principally to the major cities. Rural areas were not given any consideration. Quite wrongly, in the view of Siegfried Meuthen, AIDS consultant at the Bezirk Society for Workers Welfare, because he knows: "Many of those who are having themselves tested in Munich are from the country and are simply seeking the anonymity of a large city. And many of them are testing positive." For this reason, the Society, deviating from the federal program, proposed setting up the mobile AIDS nursing service for Upper Bavaria and requested subsidies from the government as a model program. The project was approved in November for 4 years. This is the first government model program in the FRG for a rural region.

Starting in January, the Bezirk Society writes, it will test whether mobile helpers from social services can provide in-home care in order to obviate the need for a stay as an inpatient. Meuthen admits: "It is possible that it will very quickly become ridiculous with only 5 nurses for about 20 rural kreises." Especially if the number of those with the disease doubles from year to year, as has happened so far. According to the most recent figures from the Public Health Office, which compiles the voluntary reports from hospitals, there were 240 AIDS victims in Bavaria in the period from 1 January 1982 to 31 October 1987. Of these, 73 percent belong to the risk group of homosexual and bisexual men, who make up the largest number of AIDS victims, along with drug addicts.

This is where Workers Welfare starts with its nursing. In selecting future attendants, younger men are preferred because, in the view of the agency, they are more receptive to the special problems of this risk group. The male nurses are thoroughly prepared for their difficult task, which involves constantly coming to terms with death and dying. Within a self-experience group they will prepare together for their work in January. Following this, they will complete 2 weeks of practical training at an AIDS station in a Munich hospital. These experiences are then discussed once more in the group.

A tenet of their work will be the absolute preservation of anonymity, which will be accorded to patients in the country. The nurses will not appear in public, they will not wear white coats and even their cars will not carry any signs. All patient data will be kept anonymous.

According to Meuthen, preservation of anonymity will also be the supreme principle in the cooperation that Workers Welfare is seeking with other social services, doctors and hospitals. "There can be no thought of competing in our work for those with AIDS," the consultant emphasizes, "we must all cooperate in order to stem this national epidemic."

9581/9604

## SWEDEN

### Government Plans Large Increase in AIDS-Fight Appropriations

540024496 Stockholm DAGENS NYHETER in Swedish 12 Jan 88 p 17

[Text] Gertrud Sigurdson, minister of health and social affairs, is proposing an increase of 100 million kronor in the appropriation for combating AIDS, bringing the total to 230 million kronor. A proposal to begin a unified program against the disease will be submitted in the form of a special bill.

According to the TT [PRESS WIRE SERVICE, INC.], it is clear from the budget that work to keep abreast of the spread of the disease is being made a priority. Information and efforts to limit the spread of the disease will also be a priority. Sigurdson also emphasizes the need to provide qualified care and psychosocial support for those who have AIDS or face the possibility of contracting the disease.

Of the 230 million kronor being proposed for the fight against AIDS, 110 million kronor will go to the so-called AIDS appropriation, which is intended primarily for information and research. The subsidy to the metropolitan areas will total 85 million kronor, and 35 million kronor will be used for the compulsory treatment of adult drug abusers.

11798

### Large Increase in HIV Tests, Slower Infection Pace in 1987

54(002449a Stockholm SVENSKA DAGBLADET in Swedish 3 Jan 88 p 6

[Article by Katarina Hjordisdotter]

[Text] About 300,000 HIV tests were given during 1987. That was a large increase over 1986. Last year, 69 AIDS cases were detected, and about 400 people were found to be infected with the HIV virus. Those figures show that the spread of the infection has slowed somewhat.

So far, a total of 159 people have fallen ill with AIDS, and 77 of them have died, while 1,700 cases of AIDS infection have been recorded, according to the SBL (National Bacteriological Laboratory). Just over 400,000 AIDS tests have been given in Sweden to date.

### Favorable Figures

It is impossible to know how many people have had the test, however, since anonymity is protected and the same person may take the test several times.

Six months ago, the number of people falling ill with AIDS was doubling every 12 months. According to the figures as of the end of December 1987, that rate of increase has slowed somewhat, with the result that the number is now doubling every 14 months.

The increase in the group infected has also slackened somewhat. During 1987, the number has remained steady at an average of 30 or 35 newly reported cases of infection per month.

"The incidence of HIV infection in the general population is still low, and it is a good sign that the number of infected people is not accelerating. That should be encouraging to all those working to halt the spread of the disease," says Prof Lars Olof Kallings, head of the SBL.

### Alarming

"But it is absolutely too soon to sound the all-clear. It is alarming that the number of new cases of infection is not dropping despite all the knowledge that should have reached the public by now."

Of the 1,700 cases of infection detected so far, about 250 are women, and 1,450 are men. The group consisting of homosexuals and bisexuals is the largest, with about 900 people infected, while 450 are drug addicts, 180 were infected by blood transfusions, and 170 are heterosexuals. The number of newly detected cases between 1 November 1986 and the same date in 1987 totaled 407. The corresponding figure the year before had been 420.

### Three Factors

But the SBL estimates that about 3,000 more Swedes may be infected: that 5 per thousand (five-thousandths) of the Stockholm population and 0.04 per thousand of the rest of the population may be carrying the HIV infection.

Lars Olof Kallings points to three different factors showing how small a fraction of the general population has been infected:

1. Since 1983, a total of 1.3 million units of blood have been tested. The HIV infection has been found in only 18 blood donors.
2. During September and October, half of all pregnant women took the HIV test voluntarily. No case of infection has yet been recorded in that group. Almost all pregnant women who are offered the test agree to take it.
3. Over the past few years, the Health Service has collected a total of 60,000 "unidentified" specimens. Only occasional cases have been detected by that means.

AIDS experts are delighted that as many as about 300,000 tests were given in 1987. The figure was 80,000 in 1986 and 20,000 the year before that.

### Cautious Optimism

"We are now the leading country in the world when it comes to the percentage of people tested. People have started to be more careful, but not careful enough, since we are still getting a constant number of new cases. And it is still too soon to say that the fight against AIDS has succeeded," emphasizes Prof Margareta Bottiger, a government epidemiologist at the SBL.

The SBL wants to step up its efforts to track down the HIV infection in 1988 by using more detailed, but still anonymous, questionnaires during the test itself.

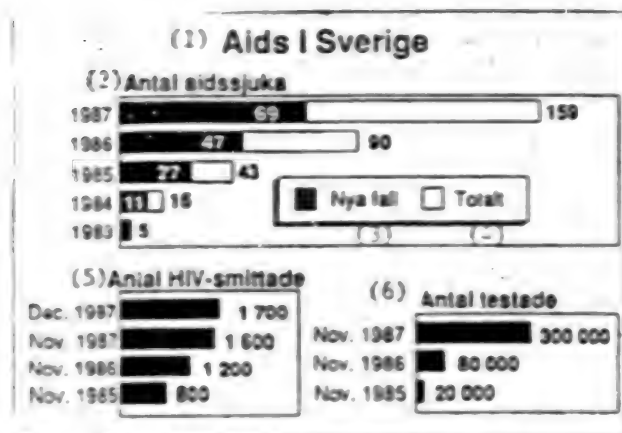
### New Rules for Diagnosis

According to Margareta Bottiger, the spread of AIDS and the HIV virus in Sweden is still at the lower limit of what has been predicted.

But the number of AIDS cases is expected to rise in 1988, when new rules for the diagnosis of AIDS will go into effect. More symptoms will be classified as signs of AIDS. A large group of infected drug addicts is also expected to fall ill.

The SBL is still optimistic about its fight against AIDS among intravenous drug users. The Health Service and the Department of Corrections will soon have that group pegged. Of the heavy drug abusers who wound up in jail in 1987, 80 percent had taken the HIV test before.





The report on the number of people falling ill with AIDS or infected with the HIV virus in 1987 shows that the rate of increase has been slowed to some extent. On the other hand, the number of AIDS tests has increased sharply. The figures show how many were tested through 1 November 1987.

#### Key

1. Aids in Sweden
2. Number ill with AIDS
3. New cases
4. Total
5. Number infected with HIV virus
6. Number tested

#### Common Among Abusers

"Intravenous drug abuse in Sweden does not seem to be spreading, and the recruitment of young people has declined. At the same time, unfortunately, many abusers have become sick and died. Powerful financial interests in the drug market are now being threatened. So we will have to watch carefully to see what alternative strategies the drug dealers will choose," Lars Olof Kallings emphasizes.

"We must continue to concentrate on treatment for drug addicts in 1988."

Parts of the upcoming bill on AIDS will be discussed at Monday's cabinet meeting. It will then be clear how much money is going to be allocated to various areas in the fight against AIDS over the next few years.

11798

#### Methadone Treatment Successful in Slowing Aids Spread

54002433a Stockholm SVENSKA DAGBLADET in Swedish 15 Dec 87 p 24

[Article by Eva Wrangé: Methadone Treatment of Heroin Addicts Halts Spread of HIV Contagion"]

[Text] "The heroin users who were given methadone treatment at Ulleraker before 1982 have avoided the HIV contagion. Today, 90 percent of those who are

patients with us have contracted it. We have an oral promise from the Social Administration to expand the program, but it actually comes 3 years too late."

Prof Lars Gunne is chief physician at Ulleraker hospital outside Uppsala. Sweden's only methadone program up to now has been run from here for over 20 years.

There are 150 slots for the country's approximately 5,000 heroin users. In recent days the slots have been filled, and an additional 40 are on the waiting list for methadone. Even so, at least 60 have died waiting for the methadone and a place in the program.

"It is necessary to open several programs for addicts in Stockholm and one in the Malmo-Lund area, but to retain the central treatment unit, admission evaluation and training here at Ulleraker," Lars Gunne says.

"It is right to support the infection clinics; they have both the medical knowledge about the HIV infection and a sufficiently unsentimental attitude toward prescribing medicine. The patients should not be allowed to rule."

"The counsellors can take care of the social connections which is important. We don't want former addicts just standing there drinking methadone at the counter in the pharmacies. They must get out and work."

At the same time Lars Gunne emphasizes that all initiatives in this field must be encouraged. The obstacles are purely practical.

#### Oral Promise

"The Social Administration has given an oral promise to expand the program, but until a formal decision has been taken the administrators do not want to release the money."

The attitude toward methadone programs has been very restrictive in Sweden. Critics have maintained that the transition from heroin or other opiates to methadone only creates another form of dependency.

"But that is not the case. The methadone is a synthetic opiate, so it is the same type of dependency. The only difference is that the methadone stops the urge for heroin and makes the patient more treatable."

Today, about 50 percent of the opiate addicts in Stockholm have been infected with HIV and the Social Administration has changed its mind. Applications for a waiving of the rules of the program are no longer rejected. They are referred to Ulleraker for evaluation.

"Methadone is an effective way to prevent the spread of contagion. As early as 1985 I proposed to the Social Administration that one should take care of all opiate addicted prostitutes on the street. At that time only a handful were infected. But it was then considered too controversial," Lars Gunne says.

### Majority Infected

Today the majority of them are infected. The county council of Stockholm province is preparing a home at Adelso for the prostitutes, who it is expected will be taken care of under the law on contagion.

It will be ready in a year and will be able to receive five women. The county council expects it to cost 10 million kronor annually to operate.

"Methadone treatment today costs about 40,000 kronor per patient and year. And that includes the fact that 80 percent remain free of the drug and start working again. Therefore, they pay for themselves."

"Rationing the methadone is thus done for reasons other than financial ones."

At Ulleraker, heroin addicts are accepted into the program strictly on a first come, first served basis. They must be motivated and have tried other forms of treatment.

"They will be given methadone, but not until they really want out of the addiction."

### Forced out of the Program

Despite being motivated, 20 percent are forced to leave the program because they acquire another addiction or threaten violence in some situation. Even so, personnel at Ulleraker have softened their view of addiction to tablets, for example.

"The patients we get here today are HIV-infected. They are pale and sick, with aching lymph nodes and heart murmurs that can be heard in the whole room. They are given methadone for humanitarian reasons, in order to have a tolerable existence toward the end."

"Had we had them here a few years ago, this would not have been necessary," says Lars Gunne, who is waiting for a decision from the Social Administration, a decision which does not impose a new ceiling for the methadone program.

"This is actually the only life-saving method that is rationed in Sweden."

### Right Personnel More Important than Number of Positions

"We must take care of both physical protection and protection against contagion. The absence of drugs facilitates the epidemiological treatment," says Asst Prof Birgit Skoldenberg, chief physician of the infection clinic at Danderyd Hospital.

There are 180 HIV-infected among the patients; 60-70 of them are or have been, intravenous drug users. Five of them are given methadone.

Each day they submit urine specimens and drink their methadone dose at the clinic. Once a week they see Olof Blix, the consulting physician responsible for keeping them on methadone and for drug addict care.

"Berit is interesting from the aspect of principle," he says. She was faced with compulsory admission, something that should not be resorted to until all possibilities have been exhausted."

### Strict Application

"But I'm not angry over the Social Administration's actions. One should be strict with methadone. Going via Ulleraker is a better solution than waving the rules. It is only a pity that Ulleraker does not have more capacity."

Olof Blix has largely positive experience with methadone, but he also points out less flattering examples in the rest of the world, where methadone programs which have gotten out of control have led to anarchy.

"The unit must not be too large. The right personnel is more important than the number of positions. It is not possible to manage any number with the same quality of care.

Otherwise it is mostly a matter of using one's common sense, in Olof Blix's opinion. Look at the patients as a unit and use both heart and brain.

"One must never resort to methadone in order to get rid of a difficult patient."

### Supporting Conversations

At the infection clinic all the employees participate in working to impose requirements and encourage the methadone patients. Counselor Gunilla Rado holds support conversations a few days a week and takes care of external social contacts. She previously worked for many years with addicts within the social welfare system.

"Here at the infection clinic they dare show their addiction in a different way than at the welfare office. This is where addicts come who have never been in contact with the welfare service."

Gunilla Rado analyzes patients who have a methadone referral for Ulleraker and she sums up the patients' health situation before they meet with Olof Blix, when their methadone dose is to be withdrawn in the open clinic.

"Some patients cannot cope with having their dose withdrawn in daily visits. For those, we seek a slot for admission to Ulleraker. One must be careful, so that there will be no regression.

#### Caution

Everyone at the infection clinic agrees on this concept of being cautious and building up a stable organization for methadone maintenance.

"I think 25 patients are the maximum for us at the infection clinic," says chief physician Birgit Skoldenberg. "And it is important that we are tied to an organization such as Ulleraker, where there is expertise."

The HIV-infected drug addicts require knowledge which previously was not necessary at an infection clinic. This demands close cooperation with both the addict care at hospitals and with the social welfare service.

"Some are seriously ill. We must quickly be able to determine who is suitable for methadone and then they should not have to wait."

Birgit Skoldenberg stresses the importance of a unified view of the patients at the infection clinic. And that the care takes place on equal terms.

"We must see to the well-being of the patients."

11949

## TURKEY

### U.S. Citizen Expelled for AIDS

54002437b Istanbul CUMHURIYET in Turkish  
14 Nov 87 p 8

[Text] Istanbul News Agency—The incident of "Sonny Preston" has stirred the Ministry of Health and Social Services. We have been informed that the Ministry is preparing a new regulation which will force foreigners who come to Turkey for working and residing to be tested for AIDS. Dr Tandogan Tokgoz, Charge d'Affaires of the Ministry of Health and Social Services, has confirmed the preliminary measures being taken by the Ministry and announced: "There is a strong possibility that a new ruling to have mandatory AIDS testing for foreign nationals will be put forth by the Health Council which is formed of the High Committee on AIDS and Ministry officials, in keeping with their package of recommendations."

Prof Dr Temel Dagoglu, Health Department Director of the City of Istanbul, whom we interviewed on the subject, emphasized that of the 28 cases of AIDS noted in our country almost all were of foreign origins. "All the research that was done in our country on the AIDS cases showed that the AIDS virus was communicated from foreign nationals. Up until now nothing has been found

to prove that something [someone] in our midst was the cause of the disease. We have sent a package of recommendations to the Ministry concerning the mandatory AIDS testing for foreigners. This is a widespread practice in the U.S. as well as in other European countries. Our Mayor, the Honorable Nevzat Ayaz, himself has repeatedly declared his positive support and his views on the matter. I believe that a regulation such as this will enormously reduce the occurrence of this illness which is still rare in our country."

Dr Tandogan Tokgoz, Charge d'Affaires of the Ministry of Health and Social Services, has answered our questions on the subject as follows:

CUMHURIYET: Sir, it is true that you have been preparing a new regulation on mandatory AIDS testing for foreigners?

Tokgoz: It is too early to speak of a new regulation. I can say however that the subject is under consideration. As you know we have a High Committee on AIDS. Our Health Council will also meet soon. We are trying to keep the subject alive in view of the Preston affair. We will discuss the proposal at the meeting of the Health Council. The decision to implement a new regulation could be taken at that time.

CUMHURIYET: You know that Preston left our country today. Was this a "forced" departure?

Tokgoz: We have kept Preston in Turkey in order to get the names of the persons with whom he had close contacts. In any case our laws give us the authority to deport any foreign national who has a contagious disease. The black model candidly admitted that he did not have any sexual relations with anyone in Turkey. He said that he has an American lover he met in Germany while working at the NATO base.

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### Prostitutes Tested for AIDS

54002437a Istanbul GUNAYDIN in Turkish  
15 Nov 87 pp 11, 6

[Text]—Call-girls have been apprehended by the Istanbul Police Vice Squad and have been taken to the Hospital for Venereal Diseases for AIDS testing.

#### AIDS Test for Call-Girls

Police officials have intensified their operations due to the increase of AIDS cases. Yesterday night the Vice Squad swept a great number of hotels, bars, and night-clubs most frequented by tourists and apprehended many prostitutes working there.

Most of the call-girls sent to the Hospital for Venereal Diseases said they did not want to be tested for AIDS and commented: "If indeed we are carrying the AIDS

virus our lives would be over, therefore it is better not to know." To this police officials responded by a warning: "These prostitutes and homosexuals who are working illegally are under greater risk of getting AIDS. Our citizens should be very careful and avoid having sexual contacts with these kinds of people."

**PHOTO CAPTIONS**

1. "I do not want the AIDS test"

Aysel, a call-girl caught during the bust, protested when learning she was to be tested for AIDS: "If by some bad luck it turns out that I have AIDS my professional life would be over and I could not work any more..." she lamented. "We will show the test results to everybody"

2. A photo of Nur and Sevgi, two of the call-girls who were busted and sent to the hospital for testing. Both of them declared: "We will show the report that we do not have AIDS to everybody...."

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**DATE FILMED**

*30 March*  
*1988*